CENTERS FOR MEDICARE & MEDICAID SERVICES							IB NO. 0938-0391
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CC	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155215		IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPL	LETED
		B. WIN			09/08/2	2011	
NAME OF A	DOLUBER OR GURRU IEE			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIER	C		3700 C	LARKS CREEK RD		
PLAINFII	ELD HEALTH CARE	CENTER		PLAINF	FIELD, IN46168		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CH DEFICIENCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
F0000	This visit was for Investigation of Complaint IN00095341.		F0	0000	Preparation and/or execution of this Plan of Correction in		
	1	rederal/State deficiencies egations are cited at F281 18, 2011 000121			of this Plan of Correction in general, or any corrective action does not constitute an admission or agreement by Plainfield Health Care Center of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or state laws. Plainfield Health Care Center		
	Survey team: Vanda Phelps, R Census bed type 12 SNF 135 SNF/NF 147 Total Census payor typ 17 Medicare 99 Medicaid 31 Other	:		desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on September 15, 2011.		ty's	
	147 Total Sample: 3						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

These deficiencies also reflect state

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Event ID:

Q7R011

Facility ID:

000121

TITLE

If continuation sheet

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 00 COMI			(X3) DATE : COMPL		
155215		A. BUII B. WIN			09/08/2	011	
NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN46168				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ſĒ	(X5) COMPLETION DATE
F0281 SS=G	findings cited in a 16.2. Quality review comply Bev Faulkner, RN The services provifacility must meet quality. Based on record a the facility failed followed the five administration where the wrong type or resident causing a emergency. In adpharmacy contact clarification of the was lacking she or physician, but installing the clarification. The residents in the same dication errors. Findings include: Resident IP's close reviewed on 9/7/record indicated and had been administed to, insuling the control of the control of the control of the control of the clarification.	ded or arranged by the professional standards of review and interviews, to ensure LPN #2 rights of medication hich resulted in giving f insulin to a diabetic a hypoglycemic ddition, when the ted LPN #1 for the insulin order, evidence contacted the attending stead, issued the tis affected 1 of 3 ample of 3 reviewed for st. (Resident IP) seed medical record was 11 at 2:40 p.m. The the was alert and oriented mitted from a hospital. Cluded, but were not in dependent diabetes,	F0	TAG 281	Corrective Action (F281): It the policy of this facility that the medication administrati guidelines are followed per physician orders. As of 8/18/2011, Resident #IP no longer resides at facility. At time of notification of medication error (9/8/11), th nursing administration beg an audit reviewing resident with insulin administration orders and verifying appropriate insulin medications are in place. Please note, no negative findings occurred per this audit. On 9/9/2011, the Directof Nursing reviewed insulin medication error with the pharmacy. Pharmacy Director of Nursing reviewed insulin medication error with the pharmacy. Pharmacy Director of Nursing reviewed insulin medication orders are filled physician orders. The facility will continue to work with pharmacy on better	at on de ee an s ctor de al	09/15/2011
	His diagnoses inclimited to, insulir history of cardiac	cluded, but were not			medication orders are filled physician orders. The facili will continue to work with	ty	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155215 09/08/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3700 CLARKS CREEK RD PLAINFIELD HEALTH CARE CENTER PLAINFIELD, IN46168 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE heart failure and ventricular tachycardia interviewed and two pharmacist's statements were and fibrillation. He arrived at the facility noted saying the order of 65 the evening of 8/17/11. units was a large dose and should be clarified with the Amongst his medication orders were physician. However, there is orders for NPH/regular insulin to be given no documentation from the pharmacy that the physician according to the results of his capillary was notified of the need for a blood glucose monitoring results: clarification. Per a 1. "NPH insulin/regular, 40 units conversation on 9/9/2011 subcutaneously every evening with between the Director of accucheck. Hold if blood sugar less than **Nursing and Pharmacy** Director, the only 200, resume if blood sugar greater than documentation was a written 200 " note on order that stated 2. "NPH insulin/regular, 65 units clarification per Nurse. LPN #1 subcutaneously every morning with denies authorizing pharmacy accucheck. Hold if blood sugar less than to send Humalog in place of actual admission order of NPH 200, resume if blood sugar greater than insulin. Director of Nursing 200." and/or designee will monitor residents receiving During interviews, 4 of 4 Registered insulin administration. This will Pharmacists (#1 on 9/11/11 at 4:36 p.m., be done three times weekly. #2 on 9/11/11 at 4:50 p.m., #3 on 9/11/11 This monitoring tool will include, review of appropriate at 8 p.m. and #4 on 9/12/11 at 8:28 a.m.) insulin administration, individually indicated an NPH/regular documentation, accuchecks, insulin order would need further correct insulin on hand, and clarification before it could be filled. dates of insulin opened. These They indicated this would be a audits will be done until there are four weeks of zero negative combination of NPH and regular insulin findings then as needed and would need the ratio specified. thereafter. Any negative Pharmacist #3 indicated a 65 unit dose of findings during these plain Humalog would be a very large monitoring will be immediately dose. "I don't think I've ever seen such a corrected. As of 9/9/2011, LPN #2 no longer works for facility. large dose of Humalog." On 9/12/2011, an insulin

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155215 09/08/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3700 CLARKS CREEK RD PLAINFIELD HEALTH CARE CENTER PLAINFIELD, IN46168 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE The interview with Pharmacist #4 at the administration in-service was provided to all licensed nurses provider pharmacy on 9/12/11 at 8:28 by the Director of Nursing on a.m., indicated they had documentation following medication they had contacted the facility for administration quidelines. clarification. He indicated there was a verifying physician orders, notation on the record, "Per (LPN#1's difference between insulin types, and review of this name)-insulin orders are Humalog." This finding. Any staff who fails to form was reviewed on 9/13/11 at 9 p.m., comply with the points of the and matched Pharmacist #4's in-service will be further information. Review of the shipping disciplined as appropriate. At manifest, dated 8/17/11 at 11:41 p.m., the Quality Assurance meeting held quarterly, the Director of indicated the pharmacy had shipped one Nursing or designee will review 10 ml (milliliter) vial of "Humalog 100 the monitoring of insulin units/ml" to the facility for Resident IP. administration and any It was not a combination of NPH and negative patterns will be Humalog, but plain Humalog insulin. reviewed and addressed if necessary, an action plan will be written by staff appointed Interview of Physician #2 on 9/13/11 at by the administrator and will 12:35 p.m., indicated he, too, thought the monitor the plan weekly until order needed to be clarified and changed resolution. to a combination product such as Humulin 70/30, etc. He indicated 65 units of plain Humalog would be a huge dose and could have been fatal depending on the size of the recipient, with a smaller person being at the greatest risk. Review of the 8/17/11 Record of Inquiry form indicated Resident IP's weight was at 309 pounds. His weight and the fact he ate a good breakfast helped explain why his blood sugar didn't crash earlier in the morning. Review of the Medication Administration Record (MAR) for Resident IP on 9/7/11

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155215		(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION 00	li i	E SURVEY PLETED 2011	
NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER			STREET A	ADDRESS, CITY, STATE, ZIP CO LARKS CREEK RD IELD, IN46168	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	insulin had been arm at 7 a.m., on practice is that the administered any hour before to 1 documented administered across his bed, unursing notes income at 61 then are the physician with the physician with the physician with the blood and the error arriver resident to the error documentation in obtained a blood while en route to they had given a dextrose-50 to consugar. Interview with the 9/8/11 at 1:40 p.1	injected into his right 8/18/11. (The accepted are medication could be retime in a period of 1 hour after the dicated he was found cold 1:20 a.m. on 8/18/11. The family on 9/7/11 at ted they arrived and at "sprawled sideways acconscious." The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar and 50 five minutes later. The dicated his blood sugar are notified and ordered a coin (a dose of 24 grams of designed to immediately designed to				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	л ріш	DING	00	COMPL	ETED
		155215	A. BUILDING B. WING 09/08/2011				
		1	D. WIIV		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIEF	₹			LARKS CREEK RD		
PI AINFII	ELD HEALTH CARE	- CENTER		1	FIELD, IN46168		
					122, 1110100		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ГЕ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DLI ICILIACI)		DATE
		provider who then fills the					
	1	d delivers them to the					
	facility.						
	During interview	v on 9/13/11 at 2 p.m.,					
	LPN #1 indicate	_					
		ember the phone call from					
	1 -	ecause it happens a lot"					
		y what she'd checked					
		ng the Humalog order.					
		0					
	· ·	ays check the orders in					
		indicated she had no					
	<u>-</u>	ng called the attending					
	physician about	it.					
	WebMD referen	ced Humalog insulin as a					
	rapid-acting insu	ılin, beginning action					
		nutes and with peak					
		nutes after the injection,					
		of 3-5 hours. NPH					
	insulin was class						
		ing insulin taking effect in					
	1 ^	eaking at 2-5 hours, with a					
		4 hours. Resident IP's					
		vent was approximately					
		receiving the injection,					
	coinciding with	the actions of plain					
	Humalog insulin and the fact he had eaten						
	a good breakfast						
	Based on the act	ions of Humalog insulin					
		ilin and the amounts of					
		ented as received the					
	I -	and disposed of after one					
	mgm 01 0/1//11	and disposed of after one	ı				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215		(X2) M A. BUII B. WIN	LDING	nstruction 00	(X3) DATE S COMPL 09/08/2	ETED	
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>	B. WIIN	STREET A	DDRESS, CITY, STATE, ZIP CODE		
PLAINFI	ELD HEALTH CARE	CENTER			IELD, IN46168		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΤE	(X5) COMPLETION DATE
	morning nurse (I the type of insuli with the type of insuli with the type of had ordered. The Administrate Nursing were infindings on 9/8/1 indicated this issidentified by the rebuttal. Page 171 of the Handbook, eight under "Steps of Administration" administration ri "accurate medicaright drug, right dosage form, right dosage form, right federal tag in number IN0009 3.1-35(g)(1)	Geriatric Medication th edition, indicated Medication included the five ghts: ation administration (i.e., patient, right dose, and ght time)" relates to complaint 5341.					
F0333 SS=G	free of any signific	ensure that residents are cant medication errors. I review and interviews,	F0	333	Corrective Action (F333): It the policy of this facility to	is	09/15/2011

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155215 09/08/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3700 CLARKS CREEK RD PLAINFIELD HEALTH CARE CENTER PLAINFIELD, IN46168 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE the facility failed to ensure 1 of 3 ensure residents are free of significant medication errors, residents sampled for medication errors in specifically insulin the total sample of 3 was free of administration. As of 8/18/2011, significant medication error in that he Resident #IP no longer resides received insulin which was not ordered at facility. At time of for him, resulting in a hypoglycemic notification of medication error (9/8/11), the nursing emergency. (Resident IP) administration began an audit reviewing residents with Findings include: insulin administration orders and verifying appropriate The closed medical record of Resident IP insulin medications are in place. Please note, no was reviewed on 9/7/11 at 2:40 p.m. It negative findings occurred per indicated this resident was alert and this audit. On 9/9/2011, the oriented and had been admitted from a **Director of Nursing reviewed** hospital. His diagnoses included, but insulin medication error with were not limited to, insulin dependent the pharmacy. Pharmacy Director began internal diabetes, history of cardiac arrest, acute investigation and stated hypoxic respiratory failure secondary to reviewing internal procedures congestive heart failure and ventricular to ensure medication orders tachycardia and fibrillation. Review of are filled per physician orders. the 8/17/11 Record of Inquiry form The facility will continue to indicated Resident IP's weight was at 309 work with pharmacy on better communication.Per the 2567, pounds. He arrived at the facility the four pharmacists were evening of 8/17/11. interviewed and two pharmacist's statements were Review of the hospital discharge noted saying the order of 65 summary,dated 8/17/11, indicated the units was a large dose and should be clarified with the physician made a special note about physician. However, there is Resident IP's insulin regime: "of note, no documentation from the holding all his insulin at this time. I am pharmacy that the physician doing this because of his blood sugars was notified of the need for a have been running somewhat low on clarification. Per a conversation on 9/9/2011 significantly lower doses of insulin that between the Director of (sic) he was requiring prior to admission."

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155215 09/08/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3700 CLARKS CREEK RD PLAINFIELD HEALTH CARE CENTER PLAINFIELD, IN46168 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE The actual admission insulin orders were: **Nursing and Pharmacy** Director, the only 1. NPH insulin regular, 40 units documentation was a written subcutaneously every evening with note on order that stated accucheck. Hold if blood sugar less than clarification per Nurse. LPN #1 200, resume if blood sugar greater than denies authorizing pharmacy 200 to send Humalog in place of actual admission order of NPH 2. NPH insulin regular, 65 units insulin. Per 2567, a reference subcutaneously every morning with was made to resident accucheck. Hold if blood sugar less than discharge summary dated 200, resume if blood sugar greater than 8/17/2011. The resident was 200. admitted to facility from hospital on 8/17/2011, however, the discharge summary was Review of the Medication Administration not sent from the hospital unit Record on 9/7/11 at 2:40 p.m., indicated 8/18/2011, which is verified by Resident IP received his first dose of the time stamp on the insulin at this facility at 7 a.m., on summary. Director of Nursing and/or designee will 8/18/11. His accucheck/capillary blood monitor residents receiving glucose reading had been 202. To be insulin administration. This will noted, it is acceptable practice for the be done three times weekly. medication to actually be given to the This monitoring tool will resident anytime between one hour prior include, review of appropriate and one hour after the documented time. insulin administration, documentation, accuchecks, Therefore resident IP's insulin was given correct insulin on hand, and between 6 a.m. and 8 a.m. The nurse dates of insulin opened. These (LPN #2) who administered the insulin audits will be done until there remained unavailable for interview. are four weeks of zero negative findings then as needed thereafter. Any negative The nursing notes indicated Resident IP findings during these was found cold and clammy at 11:20 a.m. monitoring will be immediately on 8/18/11. Resident IP's family indicated corrected. As of 9/9/2011, LPN during interview on 9/7/11 at 6:28 p.m., #2 no longer works for facility. they found him unconscious and On 9/12/2011, an insulin administration in-service was "sprawled sideways across his bed" when provided to all licensed nurses they arrived at 11:20 a.m. His blood

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3)			(3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	д ріш	A. BUILDING 00		COMPLETED	
		155215	B. WIN			09/08/2011	
		1	D. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	8			LARKS CREEK RD		
PI AINFI	ELD HEALTH CARE	- CENTER		1	TELD, IN46168		
						1 275	
(X4) ID PREFIX		STATEMENT OF DEFICIENCIES		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION	
TAG	· ·	ICY MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION)		TAG	DATE		
IAG		·	+	IAG	by the Director of Nursing of		
	_	then and 50 five minutes			following medication	"	
	1 2	cian was notified and			administration guidelines,		
		f Instaglucin (a dose of			verifying physician orders,		
	_	oohydrate gel designed to			differences between insulir	ı	
		pact low blood sugar).			types, and review of this		
	_	and the blood sugar			finding. Any staff who fails		
	recheck was 51.	The EMTs arrived and			comply with the points of the	ne	
	transported the r	esident to the emergency			in-service will be further	A+	
	room.				disciplined as appropriate. the Quality Assurance mee		
					held quarterly, the Director		
	Review of the er	nergency room			Nursing or designee will re		
		for Resident IP on 8/18/11			the monitoring of insulin		
	indicated he arri	ved at 12:48 p.m. The			administration and any		
		an accucheck they did			negative patterns will be		
	•	d given him an ampule of			reviewed and addressed if		
		ch raised the blood sugar			necessary, an action plan we be written by staff appointe		
		•			by the administrator and wi	•	
		a recheck was at 65 so			monitor the plan weekly un		
	•	of dextrose-50 was given.			resolution.		
	_	ose to 94. By the time					
		emergency room,					
		responding in one word					
	sentences and wa	as alert and oriented X 3.					
		edication disposition					
		nt IP in his closed record					
	indicated "9" H	umalog insulin was					
	destroyed upon l	nis discharge from the					
	facility on 8/24/1	11. Review of the					
	_	st form which recorded					
		pharmacy of medications					
	-	on 8/17/11 at 11:41 p.m.,					
		c" (cubic centimeters) of					
	_	_					
	Humalog insulin	n, not NPH/regular					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155215		A. BUII	LDING	00	COMPLI			
		B. WIN			09/08/20	011		
NAME OF	PROVIDER OR SUPPLIER		-	STREET A	ADDRESS, CITY, STATE, ZIP CODE			
Will Of 1	ROVIDER OR GOLLEIER				LARKS CREEK RD			
PLAINFI	ELD HEALTH CARE	ECENTER		PLAINF	FIELD, IN46168			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TΕ	COMPLETION	
TAG	 	LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE	
) cc of the Humalog						
		removed. This was						
		ooth forms as plain						
	Humalog, not a c	combination product.						
	WIND C	177 1 ' 1'						
		ced Humalog insulin as a						
	1 ^ -	lin, beginning action						
		nutes and with peak						
		utes after the injection,						
		f 3-5 hours. NPH						
	insulin was class							
		ng insulin taking effect in						
	•	aking at 2-5 hours, with a						
	duration of 18-24	4 hours. Resident IP's						
	hypoglycemic ev	ent was approximately						
	four hours after r	receiving the injection,						
	coinciding with t	he actions of Humalog						
	insulin.							
	_	Pharmacists were						
	_	rately about this scenario.						
		4:36 p.m., #2 on 9/11/11						
	_	on 9/11/11 at 8 p.m., and						
	#4 on 9/12/11 at	8:28 a.m. Four of 4						
	individually indi	cated an NPH/regular						
	insulin order wou	ald need further						
	clarification befo	ore it could be filled.						
	They indicated th	nis would be a						
		NPH and regular insulin						
		the ratio specified.						
		dicated a 65 unit dose of						
		ould be a very large						
	1 -	ink I've ever seen such a						
	large dose of Hu							

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155215		(X2) M A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE COMPL	ETED	
NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER				3700 CL	DDRESS, CITY, STATE, ZIP CODE LARKS CREEK RD IELD, IN46168	1	
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	(X5) COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	provider pharma documentation s the facility for cl not documented, before the order evening of 8/17/ was a notation of (LPN#1's name). Humalog." This 9/13/11 at 9 p.m. Pharmacist #4's is the shipping man 11:41 p.m., indicashipped one 10 m. "Humalog 100 u. Resident IP. It NPH and Humal insulin. Attempts to interest attending physic but a non-involvagreed to intervise 9/13/11 at 12:35 thought the order and changed to a	nformation. Review of nifest, dated 8/17/11 at nated the pharmacy had not (milliliter) vial of nits/ml" to the facility for was not a combination of og, but plain Humalog view Resident IP's nan were unsuccessful, ed physician (MD #2) ew about this scenario on p.m. He indicated he reneeded to be clarified combination product					
	65 units of plain	70/30, etc. He indicated Humalog would be a buld have been fatal					
	depending on the with a smaller pe	e size of the recipient, erson being at the greatest at's weight of 309 pounds					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

l	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215	(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION 00	(X3) DATE COMP 09/08/	LETED
	PROVIDER OR SUPPLIEF		3700 CI	ADDRESS, CITY, STATE, ZIP CO LARKS CREEK RD FIELD, IN46168	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
		te a good breakfast helped blood sugar didn't crash rning.				
	Nursing were infindings on 9/8/1 indicated this iss identified by the rebuttal. This federal tag number IN0009	ir staff and offered no				
	3.1-48(c)(2)					